

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH THE INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Sleepy Eye Housing Authority - Ross Park Apartments

**PHA Number:** MN060

**PHA Fiscal Year Beginning:** October 2002

### PHA Plan Contact Information:

Name: Lisa Pietig

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TDD: (507) 794 - 5101

Email (if available): sehra@sleepyeyetel.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- X Main administrative office of the PHA
- X PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA
- X PHA development management offices
- X Main administrative office of the local, county or State government
- X Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA
- X PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered :

- ☐ Public Housing and Section 8      ☐ Section 8 Only      X Public Housing Only

## Annual PHA Plan Fiscal Year 2002

[24CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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### ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Sleepy Eye Housing Authority has prepared this Agency Plan in compliance with section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following Mission statement to guide the activities of the Sleepy Eye Housing Authority.

The Mission of the Sleepy Eye Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost effective manner. By partnering with other area agencies the State of Minnesota, and Brown County we can offer affordable rents and Housing with Services options to our Ross Park Community, the Sleepy Eye Community, and surrounding rural areas.

We have also adopted the following goals and objectives for the next five years:

- PHA Goal: Expand the supply of assisted housing  
Objectives: Reduce Public Housing Vacancies  
Assist local agencies in purchasing and renovating existing housing:  
Leverage private or other public funds to create additional housing opportunities if needed:  
Sponsor Agency to complete a housing study for the City of Sleepy Eye:
- PHA Goal: Improve the quality of assisted housing  
Objectives: Improve public housing management:  
Increase customer satisfaction:  
Renovate/modernize public housing units or community service spaces, if needed:
- PHA Goal: Provide an improved living environment  
Objectives: Implement public housing security improvements:

Provide Housing with supportive services for the elderly and disabled tenant:

- PHA Goal: Promote self-sufficiency and asset development for the younger working age tenants.  
Objectives: Provide or attract supportive services to improve employability of working age tenants:  
Provide or attract supportive services to increase independence and choice for the elderly and disabled tenant:

PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives: Undertake affirmative measures to ensure access to assisted housing  
Regardless of race, color, religion, national origin, sex, familial status, and disability:

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing:

Our 2002 Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc., set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and we are consistent with the Consolidated Plan.

In summary, we are on course to improve the condition of affordable housing in Sleepy Eye.

Current goals met in the 2001 – 2002 Year:

Improvement in PHA Score for Fiscal Year End 9/30/2001 – a score of 99%  
A HIGH PERFORMER STATUS

The Sleepy Eye HRA has remained at 100% occupancy 10/1/2001 through 6/1/2002

The creation of the Assisted Living Service Program at Ross Park through the Department of Health and Human Services Aging Initiatives has proven to be a success. After one year the program has met its participant projections and is on track to being a self-sustaining program by April 2003.

Completed all 2000 Capital Funds Projects.

Partnered with VO A to assist in development of services in the Ross Park Apartment Complex, Those being:

Assisted Living  
Senior Dining, delivered meals also  
Adult Day Services  
Respite Program, Faith in Action Program  
Wellness Program  
Activities

Partnering with the City of Sleepy Eye, EDA, CofC and Downtown Development Committee to develop a master development plan to redesign Sleepy Eye's vacated downtown buildings.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Sleepy Eye Housing Authority has made minimal policy changes:

Those being:

A change to Section 15 in the Occupied Dwelling Lease addressing apartment transfers.

The addition of a Continued Stay Policy to all current and new Leases.

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$62,809.00 actual

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment D

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachments B and C

## **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

## **4. Voucher Homeownership Program**

[24 CFR Part 903.79(k)]

- A. ☐ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

## B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum home ownership payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## 5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## 6. Other Information

[24 CFR Part 903.79(r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment G

3. In what manner did the PHA address those comments? (select all that apply)

☒ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

☐ Yes ☐ No: below or

☒ Yes ☐ No: at the end of the RAB Comments in Attachment G.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Minnesota

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### **A. Substantial Deviation from the 5-year Plan:**

Any substantial deviation or significant amendment or modification to the plans will be subject to the review of the Resident Advisory Board and full public hearing process requirements.

**A. Significant Amendment or Modification to the Annual Plan:**

Shall mean any action taken by the public housing authority that changes or modifies:

1. Rentor admission policies or organization of the waiting list;
2. The Capital Fund Program plan either through the addition or deletion of items or projects from the list of planned activities or change in use of replacement reserve funds under the Capital Fund; and
3. Planned demolition or disposition, designation, home ownership programs or conversion activities.

**A. Exceptions**

1. Exceptions to this definition will be made for any of the above actions that are made to reflect a change in HUD regulatory requirements.

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rent to be offered each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S. C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report Attachment B</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Sleepy Eye Housing Authority - Ross Park Apts. 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085		Grant Type and Number Capital Fund Program: MN46P06050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/02					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	12,800.00	12,800.00	0	0
3	1408 Management Improvements				
4	1410 Administration	2,000.00	1,300.00	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,000.00	7,700.00	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	10,243.00	10,243.00	0	0
10	1460 Dwelling Structures	35,000.00	30,000.00	0	0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	2,000.00	2,000.00	0	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	64,043.00	64,043.00	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security	0			

<b>Annual Statement/Performance and Evaluation Report Attachment B</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Sleepy Eye Housing Authority - Ross Park Apts. 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085		Grant Type and Number Capital Fund Program: MN46P06050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies    X Revised Annual Statement (revision no: 1)			
X Performance and Evaluation Report for Period Ending: 3/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	24,000.00			

<b>Annual Statement/Performance and Evaluation Report Attachment B</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sleepy Eye Housing Authority - Ross Park Apartments 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085			<b>Grant Type and Number</b> Capital Fund Program #: MN46P06050101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MNO6O..001	Operations	1406		12,800.00	12,800.00	0	0	Incomplete
	Administration of Programs	1410		2,000.00	1,300.00	0	0	Incomplete
	Fees and Costs	1430		2,000.00	7,700.00	0	0	Incomplete
	Upgrading lighting in Adult Day Activity Center	1460		1,000.00	1,000.00	0	0	Incomplete
	Replace Carpets in 5 units	1460		6,000.00	0	0	0	To 2002 operating budget
	Replacement of lighting in 2 <sup>nd</sup> and 3 <sup>rd</sup> floor hallways, repair ceiling	1460		10,000.00	10,000.00			Incomplete
	Replace existing unit medicine cabinets	1460		5,000.00	0	0	0	Complete 2000 CFP
	Replace existing light fixtures in dining room	1460		3,000.00	3,000.00	0	0	Incomplete
	Replace kitchen, bathroom and bedroom light fixtures in the apt. units	1460		10,000.00	10,000.00	0	0	Incomplete
	Replace door, shingle, stain, gazebo	1470		2,000.00	2,000.00	0	0	Incomplete
	Replace sidewalk by garage and garbage room	1450		3,243.00	2,725.00	0	0	Incomplete
	Resurface South Parking Lot	1450		7,000.00	0	0	0	Incomplete

<b>Annual Statement/Performance and Evaluation Report Attachment B</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sleepy Eye Housing Authority - Ross Park Apartments 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085			<b>Grant Type and Number</b> Capital Fund Program #: MN46P06050101 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Adult Day Services 1500 sq. ft. construction project/DHS grant	1460		0	6,000.00	0	0	Incomplete
MN060..001	Adult Day Services 1500 sq. ft. construction project/DHS grant – site work	1450		0	7518.00	0	0	incomplete
	Total			64,043.00	64,043.00	0	0	incomplete

**Annual Statement/Performance and Evaluation Report - Attachment B**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
SeecompletedCFP5 -yearActionplanonpage17,18and19		
Totalestimatedcostovernext5years		

**AnnualStatement/PerformanceandEvaluationReport –AttachmentC**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

<b>PHAName:</b> Sleepy Eye Housing Authority - Ross Park Apts 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085		<b>Grant Type and Number</b> Capital Fund Program: MN46P06050102 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> <b>Original Annual Statement</b>  <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> </div> <div style="width: 35%;"> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>  <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> </div> <div style="width: 5%;"> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	62,809.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	62,809.00			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

**Annual Statement/Performance and Evaluation Report - Attachment C**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: Sleepy Eye Housing Authority - Ross Park Apartments 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085		Grant Type and Number Capital Fund Program#: MN46P06050102 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN060..001								
	Administration of Programs							
	Fees & Costs							
	Construct Community Room Addition, Add of Adult Day Services, Assisted Living, office space, Senior dining To coincide with MN Dept. of Health & Human Services Community Development Grant 50% match off funds	1460	lumpsum	62,809.00				Incomplete *
	TOTAL			62,809.00				

<b>Annual Statement/Performance and Evaluation Report - Attachment C</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sleepy Eye Housing Authority - Ross Park Apartments 3134 <sup>th</sup> Avenue SE Sleepy Eye, MN 56085			<b>Grant Type and Number</b> Capital Fund Program #: MN46P06050102 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	total	1460		62,809.00				

**Annual Statement/Performance and Evaluation Report - Attachment C**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

# Capital Fund Program 5 - Year Action Plan - Attachment D

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<p align="center"><b>CFP5 - Year Action Plan</b></p> <p><input type="checkbox"/> Original statement    <input checked="" type="checkbox"/> Revised statement</p>		
<p><b>Development Number MN060</b></p>	<p><b>Development Name Sleepy Eye Housing Authority - Ross Park Apartments</b> (or indicate PHA wide)</p>	
<p><b>Description of Needed Physical Improvements or Management Improvements</b></p>	<p><b>Estimated Cost</b></p>	<p><b>Planned Start Date (HA Fiscal Year)</b></p>

Included in attachment C	\$62,809.00	2002
Replacement of outdoor furniture, replacement of 10 storm doors, replace air compressor for heating thermostats, replace floor covering in 5 units, rebuild circulating motor on heating system, repair or replace existing shower stalls in 10 units, repair existing and add new signage for Adult Day Services and Assisted Living Program Services, replace lobby/first floor and elevator carpets, painting and wall covering of 1 <sup>st</sup> floor hallway, laundry room updates - flooring and wall covering, Admin. fees	\$64,000.00	2003
Rewire emergency pull cord to central location, rewire cable TV in midcor tap in to each apt., replacement of existing wood shakes and flat roof to new maintenance free mansard or pitch roof, Administration, A & E fees	64,000.00	2004
Continuation of 2004 Replacement of existing wood shakes and flat roof to new maintenance free mansard or pitch roof, air conditioning of hallways, replacement of roof exhaust fans, A & E fees, Administration	64,000.00	2005
Replace carpet on 2 <sup>nd</sup> & 3 <sup>rd</sup> floor hallways, paint/wall coverings, handrails, Replace 40 storm doors Resurface/seal caot North tenant parking and visitor parking, drop off lane, parking signs if needed, construct 10 new garages A & E fees and Administration	64,000.00	2006
<u>Total estimated cost over next five years</u>	<u>\$318,809.00</u>	
<u>*tentative items for the next five years</u> Replace 51 refrigerators, replace 20 apt. unit floor coverings Replacement of copy machine/office equipment, computer upgrades Replacement of apartment unit air conditioners, replacement of unit stoves Replacement of scrubber/landscape		

Total estimated cost over next 5 years	\$318,809.00	
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## PHA Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEPTarget Area (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEPTarget Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEPTarget Area(s)</b>	<b>Total Population to be Served within the PHDEPTarget Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</b>
Goal(s)		
Objectives		

Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEP Funding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 - DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



## Required Attachment E: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis  
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member: 12/31/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

City of Sleepy Eye Mayor

Mr. James Broich

## **Required Attachment F: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**All Tenants of the Sleepy Eye HRA – Ross Park Apartments are part of the Resident Advisory Board**

**Attendance at monthly meetings varies from 15 – 20 participants monthly.**

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## **Attachment G: Comments of Resident Advisory Board**

Members of the Resident Advisory Board have the following recommendations:

1. Add the construction of 10 car garages in the 5 – Year Action Plan
2. Consider the installation of ceiling fans w/ lights for new bedroom fixtures Capital Funds Project 2001

There were no comments or recommendations made as a result of the Public Hearing.

### **PHA Response:**

1. The Sleepy Eye HRA has added the construction of 10 car garages in the Sleepy Eye HRA 5 – Year Action Plan.
  2. The Sleepy Eye HRA has notified architect to specify ceiling fans w/ lights for all the apartment bedrooms.
- 

## **Attachment H: REQUIRED ATTACHMENT – VOLUNTARY CONVERSION**

1. How many of the PHA's developments are subject to the Required Initial Assessment? one
2. How many of the PHA's developments are not subject to the Required Initial Assessment based on exemptions? Zero
3. How many Assessments were conducted for the PHA's covered developments? One
4. Identify PHA developments that may be appropriated for conversion based on the Required Initial Assessment: NA – none
5. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: completed

continued...

**Attachment H:**

**The Sleepy Eye Housing Authority has reviewed our public housing program. The implication of converting the public housing units would adversely affect the availability of affordable housing in Sleepy Eye. It would be detrimental to the elderly/disabled populations in the Sleepy Eye area as Ross Park is the only HRA in Brown County which is a registered Housing with Services Provider with the State of Minnesota.**